19000060894

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only

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COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: AShlee King LLC Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Ashlee E. King |
| Name of Person |
| |
| Firm/Company |
| 10216 Morris Bridge Rd |
| Tompo FL 33637 City/State and Zip Code Aking 247 8136 gmail. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Ashlee King at (813) 507 8683 Name of Person Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing Address Street Address |

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | |
|---|---|
| Ashlee Kin (Must contain the words "Limited Liability Con | <u> </u> |
| ARTICLE II - Address: The mailing address and street address of the principal office of the I | Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 10216 MORRIS BRIDGERD Tampa, FL 331637 | TOUTH MORRIS BRIDGE 2D TOURDS, EL 33637 |
| ARTICLE III - Registered Agent, Registered Office, & Registere | ed Agent's Signature: |

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ARTICLE 1 - Name:

Florida street address (P.O. Box <u>NOT</u> acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|--|---|
| | |
| •••• | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| effective date is listed, the date must be spe e of filing.) If the date inserted in this block does not m | eet the applicable statutory filing requirements, this date will not be |
| e of filing.) | eet the applicable statutory filing requirements, this date will not be |
| e of filing.) If the date inserted in this block does not me cument's effective date on the Department of | eet the applicable statutory filing requirements, this date will not be |

Filing Fees:

Typed or printed name of signed

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)